		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033407

Facility Name: Aviston Countryside Manor

Address: 450 West First Street (Number) Aviston (City) 62216 (Zip Code)

County: Clinton

Telephone Number: (618) 228-7615 **Fax #** (618) 228-7632

IDPA ID Number: 37-1212934-1

Date of Initial License for Current Owners: 02/23/1988

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller **Telephone Number:** (618) 465-7717

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer

(Signed) Compilation Report Attached (Date)
(Print Name and Title) Cindy A. Tefteller, Partner
(Firm Name & Address) C.J. Schlosser & Company, L.L.C.
233 East Center Drive, Alton, IL 62002
(Telephone) (618) 465-7717 Fax # (618) 465-7710

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 10/15/01

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	34	Skilled (SNF)	34	12,410	1
2		Skilled Pediatric (SNF/PED)			2
3	57	Intermediate (ICF)	63	21,267	3
4		Intermediate/DD			4
5	6	Sheltered Care (SC)	0	1,728	5
6		ICF/DD 16 or Less			6
7	97	TOTALS	97	35,405	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,147	696	1,814	5,657	8
9	SNF/PED					9
10	ICF	12,988	10,733		23,721	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,135	11,429	1,814	29,378	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.98%

D. How many bed-hold days during this year were paid by Public Aid? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 02/23/1988

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 16 and days of care provided 1,814

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2001 Fiscal Year: 12/31/2001

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	111,202	10,372	5,625	127,199		127,199		127,199			1
2	Food Purchase		129,017		129,017		129,017	(5,800)	123,217			2
3	Housekeeping	81,282	12,351		93,633		93,633	1,410	95,043			3
4	Laundry	60,479	14,795		75,274		75,274		75,274			4
5	Heat and Other Utilities			68,438	68,438		68,438	625	69,063			5
6	Maintenance	29,977	52,874	1,429	84,280	2,747	87,027	15,314	102,341			6
7	Other (specify):* Sanitation			7,064	7,064		7,064		7,064			7
8	**TOTAL General Services**	282,940	219,409	82,556	584,905	2,747	587,652	11,549	599,201			8
	B. Health Care and Programs											
9	Medical Director			2,400	2,400		2,400		2,400			9
10	Nursing and Medical Records	843,223	33,253	4,650	881,126	(111)	881,015	(150)	880,865			10
10a	Therapy		38	160,883	160,921	500	161,421		161,421			10a
11	Activities	32,474	4,170	2,468	39,112	463	39,575		39,575			11
12	Social Services	19,162			19,162		19,162		19,162			12
13	Nurse Aide Training			4,641	4,641	(2,017)	2,624	403	3,027			13
14	Program Transportation		1,715		1,715		1,715		1,715			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	894,859	39,176	175,042	1,109,077	(1,165)	1,107,912	253	1,108,165			16
	C. General Administration											
17	Administrative	97,630	13,357	195,000	305,987	(3,382)	302,605	(109,323)	193,282			17
18	Directors Fees											18
19	Professional Services			10,305	10,305		10,305	3,884	14,189			19
20	Dues, Fees, Subscriptions & Promotions			26,957	26,957	1,201	28,158	(20,202)	7,956			20
21	Clerical & General Office Expenses	41,277	12,345	7,970	61,592	75	61,667	36,049	97,716			21
22	Employee Benefits & Payroll Taxes			160,351	160,351	(1,348)	159,003	12,459	171,462			22
23	Inservice Training & Education					1,310	1,310		1,310			23
24	Travel and Seminar			4,210	4,210	562	4,772	176	4,948			24
25	Other Admin. Staff Transportation							1,474	1,474			25
26	Insurance-Prop.Liab.Malpractice			70,367	70,367		70,367	1,878	72,245			26
27	Other (specify):*											27
28	**TOTAL General Administration**	138,907	25,702	475,160	639,769	(1,582)	638,187	(73,605)	564,582			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,316,706	284,287	732,758	2,333,751		2,333,751	(61,803)	2,271,948			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Aviston Countryside Manor #0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			104,144	104,144		104,144	7,022	111,166			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			23,658	23,658		23,658	606	24,264			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles			767	767		767		767			35
36	Other (specify):*											36
37	**TOTAL Ownership**			134,569	134,569		134,569	1,628	136,197			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		36,511	3,780	40,291		40,291		40,291			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			50,525	50,525		50,525		50,525			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		36,511	54,305	90,816		90,816		90,816			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,316,706	320,798	921,632	2,559,136		2,559,136	(60,175)	2,498,961			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(150)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,281)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(1,172)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,600)	17		18
19	Entertainment				19
20	Contributions	(675)	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(340)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(17,195)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,878)	Var		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (29,291)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(30,884)	Var	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (30,884)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (60,175)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Aviston Countryside Manor

ID# **0033407**

Report Period Beginning: **01/01/2001**

Ending: **12/31/2001**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Machine Costs	$ (4,519)	2	1
2	2002 IHCA Dues	(4,895)	20	2
3	PAC Dues & Other Non-Allowable Dues	(811)	20	3
4	Record 2001 IHCA Dues	2,936	20	4
5	Depr on Items Req'd to be Capitalized			5
6	for Cost Reporting Purposes	4,857	30	6
7	Adjust for Deferred Maintenance	831	6	7
8	Offset Refund	(147)	6	8
9	Adjust Wallpaper to Deferred Maintenance	(3,323)	6	9
10	Donations	(410)	20	10
11	Civic Dues	(75)	17	11
12	Nurse Aide Training Reimb. Recorded as Expense	403	13	12
13	2002 IDPH License	(200)	17	13
14	Offset Refund for Legal Fees	(467)	19	14
15	Offset Payroll Tax Refunds	(58)	22	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(5,878)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aviston Countryside Manor # 0033407 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(5,800)	0	0	0	0	0	0	0	0	0	0	(5,800)	2
3	Housekeeping	0	1,410	0	0	0	0	0	0	0	0	0	1,410	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	625	0	0	0	0	0	0	0	0	0	625	5
6	Maintenance	(2,639)	17,953	0	0	0	0	0	0	0	0	0	15,314	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(8,439)	19,988	0	0	0	0	0	0	0	0	0	11,549	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(150)	0	0	0	0	0	0	0	0	0	0	(150)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	403	0	0	0	0	0	0	0	0	0	0	403	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	253	0	0	0	0	0	0	0	0	0	0	253	16
	C. General Administration													
17	Administrative	(3,550)	(105,773)	0	0	0	0	0	0	0	0	0	(109,323)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(807)	4,691	0	0	0	0	0	0	0	0	0	3,884	19
20	Fees, Subscriptions & Promotions	(20,375)	173	0	0	0	0	0	0	0	0	0	(20,202)	20
21	Clerical & General Office Expenses	0	36,049	0	0	0	0	0	0	0	0	0	36,049	21
22	Employee Benefits & Payroll Taxes	(58)	12,517	0	0	0	0	0	0	0	0	0	12,459	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	176	0	0	0	0	0	0	0	0	0	176	24
25	Other Admin. Staff Transportation	0	1,474	0	0	0	0	0	0	0	0	0	1,474	25
26	Insurance-Prop.Liab.Malpractice	0	1,878	0	0	0	0	0	0	0	0	0	1,878	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(24,790)	(48,815)	0	0	0	0	0	0	0	0	0	(73,605)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(32,976)	(28,827)	0	0	0	0	0	0	0	0	0	(61,803)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Aviston Countryside Manor** **#** **0033407** **Report Period Beginning:** **01/01/2001** **Ending:** **12/31/2001**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	3,685	3,337	0	0	0	0	0	0	0	0	0	7,022	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	606	0	0	0	0	0	0	0	0	0	606	33
34	Rent-Facility & Grounds	0	0	(6,000)	0	0	0	0	0	0	0	0	(6,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	3,685	3,943	(6,000)	0	0	0	0	0	0	0	0	1,628	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(29,291)	(24,884)	(6,000)	0	0	0	0	0	0	0	0	(60,175)	45

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Jerry & Marilyn King	100.00%	K & G Inc., d/b/a Mt. Vernon Countryside Manor	Mt. Vernon	King Management	Nashville	Home Office
Jerry & Marilyn King	100.00%	King-Taylorville, Inc., d/b/a Taylorville Care Center	Taylorville			
Jerry & Marilyn King	100.00%	King Management, Inc., d/b/a Nokomis Golden Manor	Nokomis			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		3	See Schedule VIII	$	King Management Co.	100.00%	$ 1,410	$ 1,410	1
2	V		5	See Schedule VIII		King Management Co.	100.00%	625	625	2
3	V		6	See Schedule VIII		King Management Co.	100.00%	17,953	17,953	3
4	V		17	See Schedule VIII	195,000	King Management Co.	100.00%	89,227	(105,773)	4
5	V		19	See Schedule VIII		King Management Co.	100.00%	4,691	4,691	5
6	V		20	See Schedule VIII		King Management Co.	100.00%	173	173	6
7	V		21	See Schedule VIII		King Management Co.	100.00%	36,049	36,049	7
8	V		22	See Schedule VIII		King Management Co.	100.00%	12,517	12,517	8
9	V		24	See Schedule VIII		King Management Co.	100.00%	176	176	9
10	V		25	See Schedule VIII		King Management Co.	100.00%	1,474	1,474	10
11	V		26	See Schedule VIII		King Management Co.	100.00%	1,878	1,878	11
12	V		30	See Schedule VIII		King Management Co.	100.00%	3,337	3,337	12
13	V		33	See Schedule VIII		King Management Co.	100.00%	606	606	13
14	Total				$ 195,000			$ 170,116	$ * (24,884)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		34	Land Lease	$ 6,000	Jerry King		$	$ (6,000)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 6,000			$ 0	$ * (6,000)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Jerry King	Owner	Mgmt/Consultant	100.00%	174,489	14	23.56%	Salary	$ 53,806	17,8	1
2	Denise King	Regional Director	Administrative	0.00%	105,293	12	23.56%	Salary	32,469	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00%	56,777	12	23.56%	Salary	17,508	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00%	0	40	100.00%	Salary	97,630	17,1	4
5	Elizabeth King	Dietary	Dietary	0.00%	0	8	100.00%	Salary	2,400	1,1	5
6	Marilyn King	Owner	Mgmt/Consultant	100.00%	2,293	1	23.56%	Salary	707	17,8	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 204,520		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: King Management Company
Street Address: 935 South Mill Street
City / State / Zip Code: Nashville, IL 62263
Phone Number: (618) 327-3064
Fax Number: (618) 327-3083

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	3	Housekeeping	Patient Days	124,610	4	$ 5,984	$ 5,984	29,369	$ 1,410	1
2	5	Utilities	Patient Days	124,610	4	2,650		29,369	625	2
3	6	Maintenance	Patient Days	124,610	4	76,174	74,286	29,369	17,953	3
4	17	Administrative	Patient Days	124,610	4	378,582	369,057	29,369	89,227	4
5	19	Professional Fees	Patient Days	124,610	4	19,903		29,369	4,691	5
6	20	Dues, Fees & Subscriptions	Patient Days	124,610	4	735		29,369	173	6
7	21	Clerical and Office Expense	Patient Days	124,610	4	152,952	118,721	29,369	36,049	7
8	22	Employee Benefits	Patient Days	124,610	4	53,108		29,369	12,517	8
9	24	Travel & Seminar	Patient Days	124,610	4	745		29,369	176	9
10	25	Other Admin. Staff Transport.	Patient Days	124,610	4	6,252		29,369	1,474	10
11	26	Insurance	Patient Days	124,610	4	7,969		29,369	1,878	11
12	30	Depreciation-Vehicles	Direct Cost	N/A	1	969		N/A		12
13	30	Depreciation-Vehicles	Patient Days	124,610	4	5,518		29,369	1,301	13
14	30	Depreciation-Other	Patient Days	124,610	4	8,640		29,369	2,036	14
15	30	Depreciation-Copiers	Direct Cost	N/A	1	1,038		N/A		15
16	33	Real Estate Taxes	Patient Days	124,610	4	2,571		29,369	606	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 723,790	$ 568,048		$ 170,116	25

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Schedule Not Applicable						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	24,800	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	23,658	2
3. Under or (over) accrual (line 2 minus line 1).	$	(1,142)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	$	24,800	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	23,658	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	22,205	8
	1997	22,706	9
	1998	23,871	10
	1999	23,663	11
	2000	23,658	12

Line 2: Real Estate Tax Payment was for 2000 tax year

Line 4: Accrual is based on 2000 taxes paid

Line 7: $23,658 Real Estate Tax

606 Home Office Allocation

$24,264 Total Real Estate Tax

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**

This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Aviston Countryside Manor COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033407

CONTACT PERSON REGARDING THIS REPORT Linda Peppenhorst

TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	05-05-24-105-007	Sec 24 Twp 2 Rng 5 PT SW NW 2.77A	$ 23,171.76	$ 23,171.76
2.	05-05-24-105-018	Sec 24 Twp 2 Rng 5 PT SW NW .63A	$ 233.66	$ 233.66
3.	05-05-24-105-005	Sec 24 Twp 2 Rng 5 PT SW NW .57A	$ 252.78	$ 252.78
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 23,658.20	$ 23,658.20

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,617 B. General Construction Type: Exterior Brick Frame _____ Number of Stories One

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Section Not Applicable

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building & Parking Lot	108,900	1986	$ 44,774	1
2	Home Office			1,482	2
3	TOTALS	108,900		$ 46,256	3

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	70		1988	1988	$ 1,472,741	$ 48,046	30	$ 49,091	$ 1,045	$ 679,097	4
5			1988	1988	66,310	2,210	30	2,210		36,838	5
6	27		1990	1990	352,911	13,097	30	11,764	(1,333)	136,263	6
7			1990	1990	6,649	227	30	222	(5)	2,576	7
8											8
	Improvement Type**										
9	Level & Remove Dirt			1988	1,428		10			1,428	9
10	Landscaping & Sod			1988	4,046		10			4,046	10
11	Shrubs			1988	1,219		10			1,219	11
12	Patio			1988	20,500	1,025	20	1,025		14,008	12
13	Parking Lot			1988	37,691	1,885	20	1,885		26,070	13
14	Landscaping			1988	1,900		10			1,900	14
15	Sidewalk and Patio			1988	1,161	58	20	58		803	15
16	Landscaping			1988	1,020	51	20	51		680	16
17	Doors/Door Frames			1988	16,064	803	20	803		11,111	17
18	Finishing Work on Addition			1990	918		15	61	61	678	18
19	Storage Building			1993	3,900	260	15	260		2,232	19
20	Water Heater			1994	3,164	211	15	211		1,547	20
21	Electrical Work			1994	2,293	229	10	229		1,814	21
22	Flooring			1995	9,255	926	10	926		6,387	22
23	Asphalt Parking Lot			1995	8,288	829	10	829		5,388	23
24	Double Detector Check Valve			1995	1,750	175	10	175		1,065	24
25	HVAC - Kitchen/Laundry			1996	14,577	857	17	857		4,644	25
26	Water Heater			1996	3,312	221	15	221		1,325	26
27	Hot Water Heater			1997	3,802	253	15	253		1,119	27
28	Landscaping			1997	3,499	350	10	350		1,546	28
29	Vinyl Flooring			1997	2,570	257	10	257		1,092	29
30	Floor Tiles			1997	3,525	353	10	353		1,470	30
31	Water Heater			1999	3,468	348	15	231	(117)	501	31
32	Wallcovering/Flooring			1999	1,774	177	10	177		369	32
33	Carpet			1999	12,873	1,287	10	1,287		2,682	33
34	Window Treatments			1999	7,734	773	5	1,547	774	4,254	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Renovation C-wing	2000	$ 6,749	$ 450	15	$ 450	$	$ 712	37
38	Wallpaper	2000	7,178	1,436	5	1,436		2,153	38
39	Paint	2000	1,745	349	5	349		669	39
40	Dressers and Installation	2000	3,870	258	15	258		473	40
41	Countertops and Installation	2000	4,008	200	20	200		367	41
42	Tile	2000	1,857	186	10	186		201	42
43	Window Treatments	2000	3,049	610	5	610		1,067	43
44	Wanderguard System	2000	2,102	210	10	210		333	44
45	Room Doors	2000	2,699	270	10	270		382	45
46	Tile	2000	2,515	252	10	252		252	46
47	Gravel Parking Lot	2000	2,698		5	540	540	854	47
48	3 Air Conditioner Units	2000	1,770		5	354	354	472	48
49	Tile	2000	2,602		10	260	260	282	49
50	Diamond Retaining Wall	2001	1,980	132	10	132		132	50
51	Cabinets	2001	23,546	1,766	10	1,766		1,766	51
52	Addition to Fire Alarm System	2001	4,368	291	10	291		291	52
53	Electrical Repairs to Service Entrance	2001	6,725	560	10	560		560	53
54	Carpet	2001	3,051	305	10	305		305	54
55	Door Security System	2001	10,589	176	10	176		176	55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63	Home Office Parking Lot	1989	466					466	63
64	Home Office Building	1995	23,104		25	924	924	5,699	64
65	Home Office Interior Finishes Lower Level	1996	1,433		15	95	95	525	65
66	Home Office Carpet	1996	501		5	50	50	501	66
67	Home Office Cabinets	1996	793		20	40	40	218	67
68	Home Office Electrical	1996	275		15	18	18	101	68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,190,015	$ 82,359		$ 85,065	$ 2,706	$ 973,109	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 173,290	$ 14,530	$ 18,437	$ 3,907	5-15	$ 94,462	71
72	Current Year Purchases	19,225	1,008	1,288	280	5-10	1,288	72
73	Fully Depreciated Assets	388,899					388,899	73
74								74
75	TOTALS	$ 581,414	$ 15,538	$ 19,725	$ 4,187		$ 484,649	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Transportation	1998 Ford E350 Van	1999	$ 20,298	$ 5,075	$ 5,075	$	4	$ 14,378	76
77	Home Office Vehicle	1998 Ford F150 Truck	1998	6,242		1,301	1,301	4	6,242	77
78										78
79										79
80	TOTALS			$ 26,540	$ 5,075	$ 6,376	$ 1,301		$ 20,620	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,844,225	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 102,972	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 111,166	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,194	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,478,378	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Outbuilding	$ 17,573	$ 1,172	$ 6,346	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 17,573	$ 1,172	$ 6,346	91

G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section Not Applicable

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? N/A YES N/A NO

16. Rental Amount for movable equipment: $ 767 Description: Dishwasher
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Section Not Applicable		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	[ ]
IN OTHER FACILITY	[X]
COMMUNITY COLLEGE	[X]
HOURS PER AIDE	40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	[ ]
IN OTHER FACILITY	[X]
HOURS PER AIDE	80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$ 1,520	$	$ 1,520
2	Books and Supplies		274		274
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		1,108		1,108
8	Nurse Aide Competency Tests		125		125
9	TOTALS	$	$ 3,027	$	$ 3,027
10	SUM OF line 9, col. 1 and 2 (e)	$ 3,027			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$ None

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	9
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	9

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4		5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a,3	hrs	$	2,677	$	45,602	$	2,677	$ 45,602	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		814		22,701		814	22,701	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	10a,3 & 10a,2	hrs		5,233		92,580	38	5,233	92,618	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39,2	# of prescrpts					36,511		36,511	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify): Lab & X-Ray	39,3						3,780		3,780	13
14	TOTAL			$	8,724	$	160,883	$ 40,329	8,724	$ 201,212	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2001 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 421,457	$	1
2	Cash-Patient Deposits	2,825		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 13,316)	436,094		3
4	Supply Inventory (priced at cost)	4,980		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,721		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 877,077	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,181,834		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	564,162		16
17	Accumulated Depreciation (book methods)	(1,434,820)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	5,798		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,798)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,311,176	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,188,253	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 72,476	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,825		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	98,609		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,432		31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,800		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 213,142	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 213,142	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,975,111	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,188,253	$	48

***(See instructions.)**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,839,952	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,839,952	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	410,159	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(275,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 135,159	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,975,111	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,568,077	1
2	Discounts and Allowances for all Levels	123,694	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,691,771	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	254,522	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 254,522	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	7,208	19
20	Radiology and X-Ray	3,506	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 10,714	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	472	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 472	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	11,713	28
28a	Diaper Charges	103	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 11,816	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,969,295	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	584,905	31
32	Health Care	1,109,077	32
33	General Administration	639,769	33
	B. Capital Expense		
34	Ownership	134,569	34
	C. Ancillary Expense		
35	Special Cost Centers	40,291	35
36	Provider Participation Fee	50,525	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,559,136	40
41	**Income before Income Taxes (line 30 minus line 40)****	410,159	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 410,159	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not complete If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,944	2,162	$ 43,033	$ 19.90	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,867	14,017	229,691	16.39	3
4	Licensed Practical Nurses	9,771	10,238	144,808	14.14	4
5	Nurse Aides & Orderlies	47,079	48,941	425,691	8.70	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,311	4,583	32,474	7.09	10
11	Social Service Workers	2,031	2,268	19,162	8.45	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,627	15,458	111,202	7.19	15
16	Dishwashers					16
17	Maintenance Workers	1,977	2,124	29,977	14.11	17
18	Housekeepers	10,992	11,388	81,282	7.14	18
19	Laundry	7,967	8,590	60,479	7.04	19
20	Administrator	2,032	2,117	97,630	46.12	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,229	4,505	41,277	9.16	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	119,827	126,391	$ 1,316,706 *	$ 10.42	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	141	$ 5,625	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	26	906	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,200	10,3	39
40	Physical Therapy Consultant	Contract	2,433	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	50	2,580	11,3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	217	$ 15,144		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ Section Not Applicable		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Leslie Pedtke	Administrator	0.00%	$ 97,630
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 97,630

B. Administrative - Other

Description	Amount
Management Fees	$ 195,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 195,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
C.J. Schlosser & Company	Accounting	$ 8,450
Mathis, Marifian, Richter, Grandy	Legal	1,280
Duane, Morris & Hecksher	Legal	526
Greensfelder, Hemker & Gale	Legal	49
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 10,305

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 32,163
Unemployment Compensation Insurance	16,117
FICA Taxes	98,346
Employee Health Insurance	6,845
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension Expense	3,934
Home Office Allocation	12,517
Employee Parties	1,540
TOTAL (agree to Schedule V, line 22, col.8)	$ 171,462

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
Section Not Applicable		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	2,979
Health Care Worker Background Check	
(Indicate # of checks performed 29)	348
Subscriptions	410
IHCA Dues	3,603
Home Office Dues & Subscriptions	173
Other Miscellaneous Dues & Licenses	243
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 7,956

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	4,772
Home Office Allocation	176
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,948

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Wallpaper	4/01	$ 3,323	3	$	$	$	$ 831	$ 1,108	$ 1,108	$ 276	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 3,323		$	$	$	$ 831	$ 1,108	$ 1,108	$ 276	$	$

Facility Name & ID Number Aviston Countryside Manor # 0033407 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Assoc. - $3603**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **2,712** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **50,525**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **None**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **N/A - None** Indicate the amount. $ **None**

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**

c. What percent of all travel expense relates to transportation of nurses and patients? **54%**

d. Have vehicle usage logs been maintained? **Yes**

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**

g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

AVISTON COUNTRYSIDE MANOR
RECLASSIFICATIONS
12/31/01

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	1,201
ACTIVITIES	11	352
CLERICAL & GENERAL OFFICE	21	75
EMPLOYEE BENEFITS	22	374
TRAVEL & SEMINAR	24	1,380
ADMINISTRATIVE	17	(3,382)
TO RECLASS THE FOLLOWING EXPENSES RECORDED IN MISCELLANEOUS EXPENSE TO THE CORRECT LINES:		
EMPLOYEE PARTY	(374)	
ACTIVITIES	(352)	
DUES	(90)	
IDPH LICENSE	(200)	
SUBSCRIPTIONS	(410)	
LICENSES	(153)	
SEMINARS	(1,380)	
BACKGROUND CHECKS	(348)	
FRANCHISE TAX	(75)	
	(3,382)	
MAINTENANCE	6	1,722
EMPLOYEE BENEFITS	22	(1,722)
TO RECLASS EMPLOYEE UNIFORMS		
MAINTENANCE	6	1,025
THERAPY	10A	500
TRAVEL & SEMINAR	24	492
NURSE AIDE TRAINING	13	(2,017)
TO RECLASS SEMINARS AND TRAINING		
NURSING & MEDICAL RECORDS	10	(111)
ACTIVITIES	11	111
TO RECLASS ACTIVITIES CONSULTANT		
INSERVICE TRAINING & EDUCATION	23	1,310
TRAVEL & SEMINAR	24	(1,310)
TO RECLASS TRAINING		

Aviston Countryside Manor
Provider #0033407
Attachment to Schedule XIII, Part A
12/31/01

The following facility trained our aides:

Edward A. Utlaut Memorial Hospital	Greenville, IL	$277 per aide

AVISTON NURSING CENTER, INC. D/B/A/ COUNTRYSIDE MANOR
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/01

OTHER REVENUE:

SODA INCOME	$6,604
BEDHOLD REVENUE	1,798
MAINTENANCE REFUND	147
PAYROLL TAX REFUND	58
LEGAL FEES REFUND	467
MEDICARE COST REPORT SETTLEMENT	1,119
VACCINES	84
BANK ERRORS	200
JOB SHARE PROGRAM	576
ANIMAL PROTECTIVE ASSOC. - CONTRIBUTIONS FOR ACTIVITIES DOG	323
MISCELLANEOUS	337
	11,713

AVISTON COUNTRYSIDE MANOR
ATTACHMENT TO SCHEDULE XIX, SECTION G
12/31/2001

NAME OF RSONS ATTENDII	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	SEMINAR COST
Deb Engelman	Therapy	1/23/2001	St. Louis, MO	Alzheimer Meeting	Alzheimer's Assn.	10
Ronda Frederking	CNA	1/23/2001	St. Louis, MO	Alzheimer Meeting	Alzheimer's Assn.	10
Tricia Mueller	CNA	1/23/2001	St. Louis, MO	Alzheimer Meeting	Alzheimer's Assn.	10
Sara Arbogast	MDS Coord.	1/30/2001	Springfield	Restorative Nursing	The Institute	135
Jennifer Jansen	Care Plan Coord.	1/30/2001	Springfield	Restorative Nursing	The Institute	135
Marilyn Spihlmann	Social Services	3/8/2001	Springfield	SSPI 6th Annual Convention - Our Care is Timeless	SSPI	81
Bobbie Warren	Activity Director	3/8/2001	Springfield	SSPI 6th Annual Convention - Our Care is Timeless	SSPI	81
Sara Arbogast	MDS Coord.	3/01	St. Louis, MO	Facilitator's Group Meeting	Alzheimer's Assn.	30
Jennifer Jansen	Care Plan Coord.	3/01	St. Louis, MO	Facilitator's Group Meeting	Alzheimer's Assn.	30
Marilyn Spihlmann	Social Services	3/01	St. Louis, MO	Facilitator's Group Meeting	Alzheimer's Assn.	30
Bobbie Warren	Activity Director	3/01	St. Louis, MO	Facilitator's Group Meeting	Alzheimer's Assn.	30
Barbara Warren	Activity Director	5/18/2001	St. Louis, MO	Fun and Meaning	Alzheimer's Assn.	50
Dawn Wiebler	CNA	3/1/2001	St. Louis, MO	Basic Care 2	Alzheimer's Assn.	25
Deb Engelman	Therapy	3/1/2001	St. Louis, MO	Basic Care 2	Alzheimer's Assn.	25
Jane Peters	CNA	3/1/2001	St. Louis, MO	Basic Care 2	Alzheimer's Assn.	25
Ronda Frederking	CNA	3/1/2001	St. Louis, MO	Basic Care 2	Alzheimer's Assn.	25
Billie Albers	DON	3/9 & 4/20	St. Louis, MO	Train the Trainer	Alzheimer's Assn.	100
Sara Arbogast	Medicare Coord.	3/16/2001	Springfield	Set Sail: Facilitator Software Training and The Right Way to Quality Improv	IHCA	125
Leslie Pedtke	DON	5/1/2001	Rend Lake	Achieving Survey Success in Dietary and Nutritional Services	IHCA	85
Tammy Schrage	Dietary Manager	5/1/2001	Rend Lake	Achieving Survey Success in Dietary and Nutritional Services	IHCA	65
Laura Jansen	Activities	5/24/2001	Fairview Heights	Creative Interventions	OSI	63
Sara Arbogast	Medicare Coord.	5/14/2001	Springfield	Resident Assessment Protocols - From Substance to Content Analysis	The Institute	139
Jennifer Jansen	Care Plan Coord.	5/14/2001	Springfield	Resident Assessment Protocols - From Substance to Content Analysis	The Institute	139
Barbara Warren	Activity Director	6/5/2001	Mt. Vernon	Come Alive with Expressive Arts	IHCA	85
Laura Jansen	Activities	6/5/2001	Mt. Vernon	Come Alive with Expressive Arts	IHCA	65
Jennifer Jansen	Care Plan Coord.	6/26/2001	Mt. Vernon	MDS Advanced	IHCA	85
Sara Arbogast	Medicare Coord.	6/26/2001	Mt. Vernon	MDS Advanced	IHCA	65
Leslie Pedtke	Administrator	6/26/2001	Mt. Vernon	MDS Advanced	IHCA	65
Leslie Pedtke	DON	7/31/2001	Rend Lake	Changing Traditions in Long-Term Care	IHCA	85
Jennifer Jansen	Care Plan Coord.	7/31/2001	Rend Lake	Changing Traditions in Long-Term Care	IHCA	65
Marilyn Spihlmann	Social Services	7/31/2001	Rend Lake	Changing Traditions in Long-Term Care	IHCA	65
Billie Albers	DON	7/31/2001	Rend Lake	Changing Traditions in Long-Term Care	IHCA	65
Tammy Schrage	Dietary	7/31/2001	Rend Lake	Changing Traditions in Long-Term Care	IHCA	65
Barbara Warren	Activities	12/13/2001	St. Louis, MO	Fun and Meaning	Alzheimer's Assn.	20
Laura Jansen	Activities	12/13/2001	St. Louis, MO	Fun and Meaning	Alzheimer's Assn.	20
Natalie Mueller	Housekeeping	10/9/2001	Belleville	Environmental Service's Role in Infection Control	IEHA	85
Barbara Warren	Activities	10/4-10/8	Springfield	IAPA - Convention	IAPA	160
Marilyn Spihlmann	Social Services	10/4-10/8	Springfield	IAPA - Convention	IAPA	160
Laura Jansen	Activities	10/4-10/8	Springfield	IAPA - Convention	IAPA	130
				IHCA Convention	IHCA	646
				Lodging/Travel for IHCA Convention		734
				Dietary Training		492
				Miscellaneous Seminar Travel Expenses		167
						4,772